

(1) PLACE OF BIRTH

County of *Sumter*Township of *Mayeville*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

79423

Registration District No. *4402*Registered No. *97*
(For use of Local Registrar)

St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Warren McQuist*

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Sept 2 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Warren B. McQuist*(14) NAME BEFORE MARRIAGE *Agnes Walth*(9) PRESENT POSTOFFICE OF FATHER *Mayeville S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Mayeville S.C.*(10) COLOR OR RACE *negro*(11) AGE AT LAST BIRTHDAY *47*
(Years)(16) COLOR OR RACE *negro*(17) AGE AT LAST BIRTHDAY *40*
(Years)(12) BIRTHPLACE *S.C.*(18) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(19) OCCUPATION *Farmer Household*(20) Number of children born to mother, including present birth *4*(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* on the date above stated.at *6:09* A.M.,
(Hour A. M. or P. M.)(23) (Signature) *Dr. J. H. Howell*(24) State whether *Physician or Midwife*(25) Address of Physician or Midwife *Mayeville*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Sept 3 1916*

(28)

Local Registrar.

19
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.